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PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

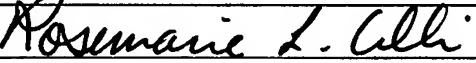
(to be used for all correspondence after initial filing)

(to be used for all correspondence after initial filing)	Application Number	10/828,548	
	Filing Date	April 19, 2004	
	First Named Inventor	Schenk, Dale B.	
	Art Unit	1649	
	Examiner Name	Kolker, Daniel E.	
Total Number of Pages in This Submission	16	Attorney Docket Number	15270J-004747US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (10 pages) with attached *Exhibits A-I <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Resubmission of 3 references, Cite nos. 631, 632 and 696* on PTO/SB/08A form submitted with the Supplemental Information Disclosure Statement filed August 18, 2006. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 pg.) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Receipt Postcard - (1 pg.).
		Remarks <i>The Commissioner is authorized to charge any additional fees to Deposit Account 19-4880.</i>
<i>*Not Included in the Total Number of Pages in this Submission</i>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Rosemarie L. Celli	Reg. No. 42,397
Signature		
Date	April 24, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on April 24, 2007 with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. EM 018 256 179 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Cynthia K. Dawn	Date
Signature		
		April 24, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEET TRANSMITTAL

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,520.00

Complete if Known	
Application Number	10/828,548
Filing Date	April 19, 2004
First Named Inventor	Schenk, Dale B.
Examiner Name	Kolker, Daniel
Art Unit	1649
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O I P E
APR 24 2007
PATENT & TRADEMARK OFFICE

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 19-4880 Deposit Account Name: Sughrue Mion, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility							
Design							
Plant							
Reissue							
Provisional							

2. EXCESS CLAIM FEES

Fee Description Small Entity
Fee (\$) Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	x	=				

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

\$1,520.00

Petition for Ext. of Time (1253 - \$1,020); and,
 Other: Notice of Appeal (1401 - \$500)

SUBMITTED BY

Signature	<i>Rosemarie L. Celli</i>	Registration No. (Attorney/Agent) 42,397	Telephone 650-625-8100
Name (Print/Type)	Rosemarie L. Celli	Date April 24, 2007	

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